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Workload management in social work services:

What, why and how?

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Summary

This article offers an overview of workload management in social work within an overall context of fast changes to professional activities. Three factors are identified as creating a current need to manage workload effectively and transparently. First, high levels of workload have been connected with negative impacts on practice and outcomes (although the precise impact is not clear). Second, high workload levels have been associated with increased stress in a profession that already suffers higher than average levels. Finally, high workload carries implications for the workforce in terms of the interaction between stress, burnout and turnover.

Implications for implementing workload management systems are drawn from a number of workload measurement and management studies. Three issues are identified. First, workload management systems need to be informed by good quality, up-to date workload measurement. Second, involving practitioners and other stakeholders in the whole process will be key to its success. Finally, changing patterns of demand and different models of practice carry implications for workload management systems, suggesting the importance of their regular review. In conclusion, the article argues for a sharper focus on this topic, and suggests the value of exploring links with other areas of practice, particularly in terms of outcomes for service users.

Keywords: Workload management; workforce; social work

Workload Management in social work services:

What, why and how?

Introduction

Workload management in social work services has received increasing attention over the past few years in the UK. The Victoria Climbié inquiry report (Laming, 2003) emphasised the responsibilities of senior local authority managers to manage workload effectively. This was identified as an important factor in preventing the extreme pressures that had been judged as relevant to this case. Further, the *Options for Excellence* document (Department of Health(DH) and Department for Education and Skills (DfES) 2006) called for greater use of workload management systems across adult social care and children's services departments in England, as part of its 'Vision for 2020':

...effective workload management systems will offer more support for workers, clearer information for managers, better safeguards for service users and reduce inefficiency. (DH and DfES, 2006: 50)

Workload management is also identified as a crucial way of supporting and empowering frontline staff in Scotland (Scottish Executive, 2005) and as part of the Welsh Assembly's response to the Climbié inquiry report (Health and Social Services Committee, Welsh Assembly Government, 2004).

After describing the search strategy and limitations of this review, this article outlines important features of what is meant by workload measurement and management and explores reasons why this is a political and professional issue. The article then presents approaches to managing workload reported in the literature identified. Conclusions are drawn about approaches to measuring workload and devising workload management systems. These may be of use to managers considering implementing a workload management approach, to practitioners whom it will affect and to people using services who may find the change beneficial or otherwise.

This article is based on an exploratory scoping review of the literature, which aimed to set out the extent of research evidence and to identify messages from the research identified. The scoping review enabled the author to frame an approach to a more systematic review of the literature (a purpose suggested as constructive by Kavanagh *et al.*, 2005). The following databases were explored: Applied Social Sciences Index and Abstracts (CSA); Social Care Online; Medline; PsycINFO; Sociological Abstracts; Social Services Abstracts). The search strategy for the review aimed to identify previous research reviews and reports of individual research projects, using the following search terms, which were entered as free text searches:

- Workload management
- Workload measurement
- Caseload management
- Caseload

These initial searches were all combined with the following terms, in order to narrow the findings

- Burnout
- Staff retention
- Stress

Material before 1990 was excluded from the search and only English language material was accessed. This resulted in 12 research studies and two reviews; other literature retrieved from the search and through personal contacts was used in order to identify themes. However, this approach is clearly not comprehensive, and the results of this review are therefore indicative of the kinds of evidence and approaches in this area.

Several of the studies referenced in the article relate to research undertaken in the United States (US), Social work services in the US operate in a very different context: for example, they have been characterised as geographically variable and receive less central or federal government support compared with other developed countries (Amenta *et al.*, 2001). There is value in examining some of the overall approaches used to develop workload management systems in the US, as the basic methodologies are likely to be universal in nature.

What is workload management?

Workload, workload measurement/management and caseload all refer to linked but separate subjects. Orme (1995) distinguished caseload and workload for several

reasons. First, social work is variable: the work involved in a case will vary according to a range of factors and the level of work changes at different times. Immediately after referral there is a clear bulge in the work involved in assessing or intervening in the lives of service users, which may not be sustained. Second, some situations are very volatile, requiring unpredictable bursts of work. Finally, practitioners spend varying amounts of time on tasks not linked to individual service users, such as commissioning, training or practice development. Consequently, workload covers the amount of work represented by workers' caseloads plus the other tasks social workers undertake (Orme, 1995). The aim of workload measurement is thus to identify and attempt to quantify all of the pressures on staff.

Once a measure of the overall time requirements of the variety of work undertaken is achieved, this can be used to plan practitioners', managers' and ancillary staff's, workloads. However, one of the key messages of the research discussed in this article is that there will always be a degree of uncertainty, particularly at the individual level, so workload management systems needs to be flexible.

Orme (1995) argued that workload is managed at all levels of an organisation. Individuals manage their workloads, through prioritisation and balancing of demands. Team managers manage the workload of teams, more or less successfully, through their approach to allocating work. Whether it is possible or desirable to develop a systematic approach to this level of allocation is one of the key questions for the study of workload management. Senior managers and policy makers can use the information gathered in the development of workload

management systems to inform decisions about resource allocation and workforce planning. Several attempts at linking workload measurement with systematic approaches to workload management were identified in the literature and are reported in this article.

Why is workforce management important?

The context for social work and social care; and the effects of workload on practice and outcomes for people using services and staff, all serve to increase the importance of workload measurement and management.

Context for social work

There is plenty of evidence that workloads are high and that pressures on social workers are increasing (Moriarty, 2004). In adult services across the UK, demographic changes resulting in an ageing population have created an ongoing increase in demand for social work services, as have advances in medical treatments and increased expectations among disabled people and the public (Lloyd, 2006). In children's services, increasing relative poverty (Cooper, Hetherington and Katz, 2003) and changes in family structures (Parton, 2004) have all been associated with increased pressures on social workers. A further influence on workload is the generally high level of vacancies in social work, at between 11 percent and 12 percent 'are about twice as high as those for the totality of all private and public sector business activity in England' (Eborall, 2005, p7), a factor that was linked to potential dangers in the Climbié report (Laming, 2004).

Social work in the adults and children's sectors has been the subject of major policy changes over the past ten years, which are likely to impact on workloads.

Furthermore, many staff work in multi-agency teams, for which workload management is more complex (Frost, 2007).

Finally, social work carries a high public and political profile. As already mentioned recent developments in children's services in all countries of the UK were heavily influenced by the Victoria Climbié inquiry (Parton, 2004). Child protection work, in particular, commands public and political attention. Only slightly less public attention has resulted from scandals concerning the services provided to adults: for example, the recent inquiry about services provided to adults with learning disabilities in Cornwall (Commission for Social Care Inspection and Healthcare Commission, 2006). All of these factors create drivers for organisations to develop systematic and flexible workload management policies.

Effect on practice

King *et al.* (2004) reported research evidence linking increasing workload with a range of effects on adult social work and care management practice. As caseload increases, contact with service users decreases, becomes more impersonal and has less of a 'rehabilitation' focus (Baker and Intagliata, 1992; Onyett, 1992: cited by King *et al.*, 2004; Horwath, 2005). Further, the proportion of time spent on paperwork increases with higher caseloads. Social workers with higher caseloads are less able to make timely responses to service users and are less receptive to urgent needs (King *et al.*, 2000 cited by King *et al.* 2004).

Outcomes

Less evidence was found linking workload with outcomes, which may be partly a function of the general difficulty in studying outcomes. This may also be attributed to workload being measured in a crude 'cases per worker' basis (King et al., 2004). A number of studies have not shown improved outcomes resulting from intensive work, involving low worker to service user ratios (McCrae et al., 1990; Marks et al., 1994; Bickman, 1996). However, the research linking increased workload with changes in practice, suggests that further research or more comprehensive literature reviews investigating outcomes might provide evidence to support the implementation of workload management systems. The literature included in this scoping review suggests there may be a stronger link between resources and service outputs rather than outcomes.

Impact on staff

Many social workers, in common with other members of caring professions (Tillett, 2003; Moriarty, 2004), seem to experience high levels of anxiety, depression and burnout. A succession of studies has noted that, as measured by the General Health Questionnaire (Goldberg and Williams, 1988), the proportion of social workers experiencing symptoms associated with common mental disorders such as depression and anxiety is higher than that which might be expected in the general population (Balloch, *et al.*, 1999; Coffey *et al.*, 2004; Evans *et al.*, 2005).

Further, statutory social work (child protection and 'Approved Social Work' (ASW) in mental health) involving crucial decisions about the safety of children and liberty of adults has been associated with increased stress and burnout (Dickinson and Perry,

2002; Evans *et al.*, 2005). For example, Evans *et al.* (2005) found that ASWs were more likely to be 'burnt out' (measured by the Maslach Burnout inventory) and male ASWs were more likely to find their jobs stressful than social workers who were not undertaking these duties.

However, the evidence linking workload and burnout is not clear. When measured in 'number of cases per worker terms' King *et al.* (2004) found no associations between increased workload and burnout; workers appear to adapt their approach to fit the time available, supporting the evidence linking workload and changes in practice discussed above. Further, these authors also argued that little is known about what enables effective working with higher caseloads

Workforce

Job satisfaction, perceptions of job control and overall commitment are all inter-related (Moriarty, 2004) and consequently, also linked to turnover, an important factor affecting workforce planning. There is some evidence that extremely high workloads can reduce the beneficial impact of supportive supervision, which has been found to increase job satisfaction levels (Rauktis and Koeske, 1994).

Mills and Ivery (1991) cited high turnover as one result of increasing levels of workload and quoted this as a driver for studying and developing an approach to managing workload. Turnover may impact on workload, partly because of the limited capacity of new staff (Tooman and Fluke, 2002; McDonald Associates *et al.*, 2006). Newly appointed staff may take longer to process cases, need more time for non-

client related work, and spend longer on training. Clearly this can be affected by local circumstances in terms of training requirements and opportunities.

Consequently, including both new and experienced staff in any workload studies is likely to produce better evidence about the effects of staff turnover.

There appears to be evidence of interaction between workload management and workforce issues, although this is limited to the impact of workload and turnover of staff; no studies were found investigating links between workload and other workforce issues. Consequently, this may be an area for more systematic searches of the literature or primary research.

How: approaches to workload management

Three stages of implementing workload management systems can be identified from the literature. Planning is a key stage, involving setting explicit goals and consulting with relevant stakeholders, particularly staff, in order to ensure valid and workable systems as well as to help implementation. Following planning, an analysis of the kinds of work involved in a particular setting is required before workloads can be measured. Finally comes a process of developing and implementing an approach to managing workload.

Planning

As described above, it is important, in planning to implement workload management, to understand what the key drivers are. Three key areas influenced by workload were described above:

- Staff morale and turnover
- Performance and outcomes
- Workforce planning.

The balance of emphasis affects the kinds of variables included and the approaches taken (Needham, 1997). Once goals have been set, a further set of preliminary tasks is required. First, it is important to understand the organisation: different organisational cultures and the extent and pace of changes in structure, culture and management style, all of which can impact on workload (Belton, 1993; Frost, 2007). Changing management styles, varying information systems, altered organisational priorities and budgetary pressures can increase workload independently of service user factors. Thus, in developing an approach to workload management, gathering intelligence, analysing data and perhaps commissioning some local research or audit on the pressures within an organisation would be of value.

In a similar way, developing a good understanding of the local area will be valuable in developing workload management systems. For example, rural areas may represent an increase in workload in terms of extra travel, although this is difficult to quantify (King *et al.*, 2004). Levels of poverty, population profiles and the availability of community services (such as leisure facilities) may also affect the workload of social workers. Such features are often linked with increased demand for social care services and a lack of local leisure facilities or employment (for example) can increase the work needed to address the needs of each service user. Consequently,

local needs assessments can provide valuable evidence to inform the development of workload management.

Information about the workforce may also help in planning a workload management system. Skill levels, morale and turnover may all affect workload levels. For example, Tooman and Fluke (2002) quoted research indicating that new staff spent up to three times as much time on training, compared to their more experienced colleagues. Consequently, good information about current turnover and past trends will be important, as will a knowledge of the relative ease (or not) of recruiting experienced staff.

Finally, in planning workload management systems, an understanding of the work involved needs to be gained (King *et al.*, 2004). As described above, social work is often unpredictable, with fast changing situations that unexpectedly require a great deal of input. Further, Needham (1997) argued that workload management systems have to take account of allocation processes in order to identify which cases may benefit from allocation to qualified workers. Evans *et al.* (2005) found that ASWs, who undertake statutory work in the adult mental health field, had a different pattern of work to their other social work colleagues. It is possible that undertaking statutory child protection work may also alter work patterns, although no evidence of this was found in the literature. Taking account of how much statutory work is undertaken by the team or agency is thus also likely to be of value in developing an approach to workload management. All of these issues point to the need for

workload management systems to be flexible and not overly prescriptive, at least at the team level.

Several avenues of work in this regard may be necessary. First the social work literature can provide a good general understanding of types of tasks undertaken by social workers (Orme, 1995). Further, many studies have re-analysed currently available information in authorities about the nature and range of tasks involved in social work (Mills and Ivery, 1991; Tooman and Fluke, 2002; King *et al.*, 2004).

Involving staff in the development of approaches to workload management is deemed essential. Mills and Ivery (1991) described how staff provided 'reality checks' about the tasks identified and they commented on the 'averages' that emerge from the initial data analysis. Involving staff can also smooth implementation of workload management schemes (Mills and Ivery, 1991; Tooman and Fluke, 2002). Tooman and Fluke (2002) recommended listening to staff to identify a possible list of characteristics that influence the use of time. Also, staff input can help identify which case characteristics affect which types of staff (McDonald Associates *et al.*, 2006). More generally, involving staff in significant developments such as these has been linked to greater job satisfaction and commitment (Moriarty, 2004).

Account also needs to be taken of service user involvement with the development of services, which provides a key perspective on the value of particular approaches and

degree of contact with staff. However the literature accessed gives little reference to the involvement of service users in developing workload management.

Workload measurement

Good workload management systems rely on a valid and reliable measurement of workload, which will often require specific one-off studies. As with any quantitative exercise, producing a good estimate of workload depends on the numbers of cases sampled and the sophistication of the sample design (Weinburg *et al.*, 2003). In developing an approach to measuring workload, it is also important to be clear about how workers record their time in order that consistent data are collected. This will necessitate a valid approach to categorising work in any measurement tools (Weinburg *et al.*, 2003). Further, in developing approaches to measuring workload, care should be taken that the methods used do not impact too much on practice. Where such studies involve a great deal of extra work, it is likely that the accuracy of completion will suffer.

A wide range of factors have been used to measure workload. King *et al.* (2006: 457) identify seven factors, as set out in below:

1. Frequency of contact with service users
2. Response difficulty (complexity of case)
3. Intervention Type
4. Competence /seniority
5. Caseload maturity (rate of new cases)
6. Location of clients (allows for travelling time)

7. Roles other than case management

The mix of cases at different stages and levels of complexity were also identified as variables by Weinburg *et al.*, (2003) and McDonald Associates *et al.* (2006).

However, this may be unpredictable. Working with people with very different needs and at different stages may take longer per case, although experience may enable staff to understand and respond to new situations more quickly.

Tooman and Fluke (2002) identified 'waiting time' as a variable related to working with people in different settings, which is also dependent on organisational factors. The time taken waiting when working on computers (including waiting for help desk support and general processing) and in attending court hearings were the major areas identified. However, waiting times will vary according to the idiosyncratic nature of systems and practices, necessitating judgements about what is an acceptable level in any particular context (Tooman and Fluke, 2002).

Further, cases involving more than one child in a family (Tooman and Fluke, 2002; McDonald Associates *et al.*, 2006) or where court proceedings are involved (Orme, 1995; McDonald Associates *et al.*, 2006) tend to represent increased workload.

Other family characteristics such as poverty, with its corollaries of bad housing and limited social capital in terms of support networks, also increase workload (Tooman and Fluke, 2002).

Multi-tasking is a challenge for studying workload and therefore in working out how to allocate workload and staff teams (Tooman and Fluke, 2002). For example, waiting time is often used for other tasks and recorded as such. However it is likely that tasks undertaken while waiting (at court or for computers) may not be performed to a high standard. Further, the possible stress associated with waiting (particularly for court hearings) is unlikely to be reduced by such multi tasking.

While actual measures of workload may be highly dependent on local circumstances, policies and the particular patterns of needs within an area, several studies have reported broadly similar proportions of time spent on different activities (Weinburg *et al.*, 2003). While Weinburg *et al.* (2003) identified a range of estimates of direct contact time between social workers and service users of between a fifth and a third of work, estimates of time spent working on case-related activities (direct contact; communications with service users and families; recording data relating to service users and families; and case related contact with other services) have tended to cluster at around 70 percent. For example, McDonald Associates *et al.* (2006) found that 72 percent of New York State child welfare workers' time was spent in work directly relating to particular children and their families.

It is instructive to describe in more detail two studies, because they are good examples of approaches to workload measurement. The studies characterised the workload of 1) child welfare workers in New York State (McDonald Associates *et al.*, 2006) and 2) care management work with older people in England (Weinburg *et al.*, 2003).

Of the 72 percent of recorded time identified as case-related, McDonald Associates *et al.* (2006: 4-9) found that workers were spending the following proportions of time on different tasks, as shown below:

- Documentation – 32 percent
- Travel – 11 percent
- Case supportive time – 7 percent
- Face to face – 17 percent
- Communications with Children and families – 7 percent
- Other care communications – 20 percent
- Court – 6 percent

Weinburg *et al.* (2003) investigated the workload of care managers working in an English social services department, working with older people. Workload was split into five broad areas, with 34 separate activities; care managers were asked to complete diaries, in half hour slots between 8:30am and 6:30pm. Workload was distributed among the five broad areas as follows:

- Direct contact with older person – 18 percent
- Direct contact with carer – 6 percent
- Service contact related to older person/carers – 40 percent
- Social service procedures or other organisational commitments – 25 percent
- Travel – 11 percent.

Thus, they estimated that about 18 percent of workers' time was spend in direct contact with service users and 6 percent in direct contact with carers: about 75 percent of time was spent on case related activities, including travel. While these studies were in very different contexts, they share an overall approach and identified similar proportions of time being spent working on different activities.

However, the findings of any time recording survey need to be seen in terms of local context. For example, at certain times there might be specific pressures due to unusual impacts on caseloads, perhaps due to extreme weather, or the closure of a care home. Workload pressures change over time according to local circumstances, government policy and changes in the demand for services (usually increases). Consequently, in developing good workload management systems, it is important to engage in regular workload measurement activities (McDonald Associates *et al.*, 2006). In addition to informing the development of workload management systems, workload measurement can be used to recommend changes in the workforce, which was the main aim of the New York study. Further, recommendations were made about the ratio of supervisors to caseworkers to advise and to manage workload allocation to reflect the particular mix of cases being worked on at any one time (McDonald Associates *et al.*, 2006).

Implementing workload management systems

Many of the studies described so far are limited to measuring workload; few describe the process of implementing a workload management system. However, it is worth

examining one such study to show how a particular process has been implemented. Mills and Ivery (1991) described an approach in a voluntary agency, in which teams consisting of six social workers and a supervisor provided child welfare and protective services in a mid-western state in the US. While this is not a recent study, it is valuable in highlighting how some of the issues described above can be addressed in practice. It did not prove possible to find a more recent example or one from a UK setting.

The need to manage workload was generated from a perception of uncontrollable intake and the presence of high staff turnover, resulting in remaining staff working with large case loads, which exceeded local standards. Staff often quoted work levels and a feeling that workload allocation was not equitable as reasons for leaving.

Mills and Ivery (1991) aimed to develop a systematic approach to weight cases of different types, in order to distribute workload more equitably; improve staff morale and to reduce turnover. Their system was based on two aspects, the location and severity of the case. Location was categorised in six ways:

1. In foster care – with responsibility for child and relating to biological parents
2. Aftercare – supervision and monitoring after return
3. Relative placements – same responsibilities as for regular placement
4. Home supervision i.e. under a supervision type order with the parents, where up to weekly contact may be required

5. Residential placement – every two weeks/ monthly contact
6. Aftercare beyond 30 days – two weekly contact

(Mills and Ivery, 1991: 37-38)

Locations 1 to 4 were designated as requiring twice as much worker time as locations 5 and 6. The type and severity of cases were judged by assessment on a four point scale ranging from 'slight' to 'critical'. A case categorised as 'slight' might involve a child being hit as a one-off occurrence, similarly falling and hurting themselves. A 'critical' case might involve life threatening violence. Cases were weighted according to level and severity, in order to inform allocating work to a typical worker working 75 hours each fortnight. An average case was felt to need three hours every two weeks (90 minutes a week); this was used as a base to indicate the overall weighting for other cases. Therefore a full caseload would be made up of 25 such cases. This calculation was based on the following breakdown of time:

- Contact time: one hour every two weeks
- Travel: 20 minutes in each direction
- Paperwork: 30 minutes
- Collaboration: 50 minutes

(Mills and Ivery, 1991: 40)

Cases were assessed on a subjective basis by social workers to test out the assumptions of time influences type and severity. Compared to a 'critical' case, a

'slight' case was felt to represent a quarter of the workload, a moderate case was half as time consuming and a 'high' case was three quarters as time consuming. Cases were given an overall weighting compared to an 'average' case based on whether they were in the first four 'locations', which increased assumed workload by a factor of two, or the final two locations, which did not affect workload weighting assumed, as shown in Table 1.

Table 1 about here

A full workload therefore could be made up of 12.5 'critical' cases in any of the first four 'locations' or 100 'slight' cases in the final two 'locations'. Managers worked through the weighting of workers' cases in order to manage work allocation.

Mills and Ivery (1991) reported that, while social workers were initially resistant to the weighting system, their views of the system changed after it was implemented. Staff were engaged with the process through a series of small group meetings held to explain and address concerns. They perceived improved workloads, more appropriate allocation and higher staff morale. Further, they indicated a feeling that their ability to identify and react to needs had improved and that the new system had freed staff to focus on creative responses.

One of the limitations of this approach was a lack of empirical evidence supporting the weightings for each kind of case and a lack of information about the actual work of the teams involved before and after. A further criticism of Mills and Ivery's (1991)

approach is that it did not take account of the level of non-case related work. Interestingly, there is evidence that better outcomes are achieved in agencies in which more time is spent on indirect work, such as identifying good services (Weinburg *et al.*, 2003), which supports the need to allow for these kinds of activities in developing an approach to managing workload.

Conclusion

A number of implications for the development of workload management systems can be drawn from this short review of the literature. First is the need for good quality of data to be gathered so that this will inform the systems developed, which is crucial to developing a useful approach (Tooman and Fluke, 2002). Such data often rely on staff reports, emphasising the importance of staff involvement in developing approaches to measuring workload for the valid categorisation of types of work. Good workload management systems will need updated information, to allow for changes in policies, practice and demand.

Second, workload measurement cannot assess the quality of work undertaken: good quality approaches may take more or less time. Thus it is important to use other information and research about the best methods, as part of the overall management of workload. As work practices develop according to evidence about outcomes and increases in demand, the time needed for different tasks is likely to change, as are the categorisations of work needed in workload measurement tools. This is another reason why repeated information gathering is important, as recommended by McDonald Associates *et al.* (2006).

Third, different kinds of work will have different impacts on workers and could therefore affect the time taken on similar tasks. Thus including casemix as part of the workload measurement approach will help in allowing for this variable (McDonald Associates *et al.*, 2006).

Workload management systems can be used at a number of levels (Orme, 1995). First, it can be used in allocating work at a team level. This is perhaps the most common use of workload management systems, as illustrated by Mills and Ivery (1991). However workload management and measurement can also help plan workforce development (as recommended by McDonald Associates *et al.*, 2006). By increasing understanding of the impact of caseloads of particular groups of service users and comparing this with the overall numbers of people using services, McDonald Associates *et al.* (2006) estimated the amount of time spent on each service user and used these estimates to support recommendations for increased staffing levels. Workload management systems can also be used to protect staff from excessive demands and, alternatively, to assess staff performance (Lechman, 2001).

Three areas of focus for more systematic and comprehensive literature review or primary research were identified,. First in terms of linking workload to the quality of services and outcomes for service users (King *et al.*, 2004; Horwath, 2005; McDonald Associates *et al.*, 2006). Further, there is a general scarcity of research on workload management, particularly based on UK contexts. Finally, and perhaps most

importantly for workload management, further investigation of the links between workload, stress and burnout and of approaches to support staff working with high workloads would provide valuable evidence to support the development of sound workload management systems. Given the importance of the topic and evidence about its wide-ranging impacts on practitioners and services, it is surprising that it remains largely ignored.

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Table 1 Case weighting system (Mills and Ivery, 1991, p7-8)		
Severity	In foster care; Aftercare; Relative placements; Home supervision: weight = 2 (minutes per week)	Residential care; Aftercare after 30 days: weight = 1 (minutes per week)
Slight	$0.25 * 2 * 90 = 45$ minutes	$0.25 * 1 * 90 = 22.5$ minutes
Moderate	$0.5 * 2 * 90 = 90$ minutes	$0.5 * 1 * 90 = 45$ minutes
High	$0.75 * 2 * 90 = 135$ minutes	$0.75 * 1 * 90 = 70$ minutes
Critical	$1 * 2 * 90 = 180$ minutes	$1 * 1 * 90 = 90$ minutes